

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
CSO DISCHARGE MONITORING REPORT (DMR)**

**MONITORING PERIOD:** June / 2015

**NO. CSO DISCHARGES OCCURRED:**

**5**

**MONTH / YEAR**

<b>NAME:</b> CITY OF MATTOON WWTP			<b>PERMIT NUMBER:</b> IL0029831		
<b>ADDRESS:</b> 820 S. 5 <sup>TH</sup> PLACE			<b>CERTIFIED MAIL EDMR CSO</b>		
<b>CITY:</b> MATTOON		<b>STATE:</b> ILLINOIS	<b>ZIP CODE:</b> 61938	<b>TELEPHONE:</b> (217) 234-6828	
RAIN EVENT START DATE:	ESTIMATED DURATION OF EVENT (IN HOURS):	ESTIMATED AMOUNT OF RAINFALL (IN INCHES):	CSO OUTFALLS THAT DISCHARGED:		ESTIMATED DURATION OF CSO DISCHARGE (IN HOURS);
			OUTFALL NUMBER:	OUTFALL DESCRIPTION:	
06/10/14	12	1.91	008	11 <sup>th</sup> & HOWELL ASPHALT	3
06/10/14	12	1.91	004	N. RT. 45 ICRR DITCH TO RILEY	5
06/10/14	12	1.91	007	6 <sup>TH</sup> AND PIATT CSO TO RILEY	2
06/15/14	5	0.39	004	N. RT. 45 ICRR DITCH TO RILEY	1
06/16/14	4	0.89	008	11 <sup>th</sup> & HOWELL ASPHALT	1
06/16/14	4	0.89	004	N. RT. 45 ICRR DITCH TO RILEY	1
06/16/14	4	0.89	007	6 <sup>TH</sup> AND PIATT CSO TO RILEY	1
06/24/15	28	3.9	008	11 <sup>th</sup> & HOWELL ASPHALT	24
06/24/15	28	3.9	004	N. RT. 45 ICRR DITCH TO RILEY	52
06/24/15	28	3.9	007	6 <sup>TH</sup> AND PIATT CSO TO RILEY	10
06/24/15	28	3.9	005	S. 9 <sup>th</sup> St.	1
06/24/15	28	3.9	003	BASIN	26
06/30/15	28	1.93	008	11th & HOWELL ASPHALT	8
06/30/15	28	1.93	004	N. RT. 45 ICRR DITCH TO RILEY	24
06/30/15	28	1.93	007	6TH AND PIATT CSO TO RILEY	4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 ( <i>Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years</i> )	DATE		
TIM GOVER			7	09	15
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MO	DAY

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.